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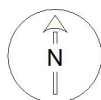
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

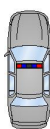
2	Total Number of Vehicles	Local No./ District 019	Agency Case No. B5-084603	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		TIME OF ACCIDENT 1743	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1743	Amended	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N.6th St. / 'V' St. to 'W' St.		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	09/13/2015	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LATITUDE	
D	IF AT INTERSECTION			IF NOT AT INTERSECTION		
1	NAME OF INTERSECTING ROADWAY			<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
V1/M	428.00			X	'V' St.	
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
14	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
20	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
E	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	G02156060		STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	DRIVER	Mark E Fluitt		PHONE	402-441-7204	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/29/1956	
1	OWNER	City of Lincoln		PHONE	402-441-7204	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
1	LICENSE PLATE	GM NO.	32022	YEAR (Plate Expires)	NE	
H	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
5	2014	Ford	Taurus	4 door Sedan	white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1500
V1/O	VEHICLE ID NO. (VIN)	1FAHP2MK0EG163029		INSURANCE COMPANY		
V2/O	TOWED TO	TOWED BY		POLICY NO.		
1	1FAHP2MK0EG163029		TOWED BY		SEL3017308	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	Legally Parked		PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
8	OWNER	DAVID P HEPP / Susan Hepp		PHONE	402-933-4675	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.	
01	LICENSE PLATE	TE NO.	RVX973	YEAR (Plate Expires)	2015	STATE (Of Plate) NE
V1/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
4	2012	Ford	F2S	Pickup truck	maroon / burg	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 300
V2/Q	VEHICLE ID NO. (VIN)	1FT7W2BT5CEB16169		INSURANCE COMPANY		
3	TOWED TO	TOWED BY		POLICY NO.		
01	TOWED BY		POLICY NO.		2614017901	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		

INDICATE BY DIAGRAM WHAT HAPPENED

Indicate North by Arrow

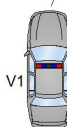


POI: 428 N of N curb of 'V' St.
5'10" W of E curb of N 6th St



Cruiser 221

All measurements are approximate
Not drawn to scale
Measurements taken by Ofc. Fluit 643



1. 4



To 'X' St

N 6th St



To "V" St

V1 was parked facing N/B in the grassy area. V2 was parked on the street unattended. Driver V1 exited the vehicle to address parking enforcement issues along N.6th St. As Driver V1 was away from V1, he observed V1 begin rolling forward towards V2. Driver V1 chased after V1 but was unable to get into the vehicle to prevent it from striking V2. Owners of V2 were contacted on 9/13/15 and advised of the accident.

PROPERTY	OBJECT DAMAGED				OWNER NAME	ADDRESS				PHONE	APPROX. COST OF DAMAGE \$			
	OBJECT DAMAGED				OWNER NAME	ADDRESS				PHONE	APPROX. COST OF DAMAGE \$			
WITNESSES	NAME					ADDRESS					PHONE			
	NAME					ADDRESS					PHONE			

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS		VEH 1	0	VEH 2	0		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME												ALCOHOL TESTING		Driver No. 1	Driver No. 2	Pedestrian			
1	X				N.6th St.														Y		Y		Y	
2	X				N.6th St.														N	X	N	X	N	
1	01				06 Turning left																			
2	10				07 Making U-turn																			
					08 Entering traffic lane																			
					09 Leaving traffic lane																			
01 Essentially straight ahead					09 Leaving traffic lane																			
02 Backing					10 Parked																			
03 Changing lanes					11 Slowing or stopped in traffic																			
04 Overtaking/ Passing					12 Other																			
05 Turning right					13 Unknown																			

OFFICER NO. 1249				TROOP/ TEAM/ BEAT CE				DEPARTMENT Lincoln Police Department				Photographs taken? <div><input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div>					
INVESTIGATOR NAME <i>(Print or Type)</i> Brian Agnew								INVESTIGATOR SIGNATURE Approved by Brian Agnew								DATE OF REPORT 09/13/2015	